Department of
HUMAN SERVICES

Children's Behavioral Health System State Board Annual Report

December 2020

Children's Behavioral Health System State Board

Report Contents

INTRODUCTION

This Annual Report of the Iowa Children's Behavioral Health System State Board is being submitted pursuant to Iowa Code § 225C.51. This report includes a summary of all activities undertaken by the state board and results from identified behavioral health outcomes and indicators for the Children's Behavioral Health System.

Executive Summary

The Children's Behavioral Health System State Board (Children's Board) met a total of six (6) times this past year, both in-person and virtually. The Children's Board had many discussions over the following topics: Current Events impacting the Children's Behavioral Health System (Children's System), Mental Health and Disability Services (MHDS) Regional updates and Children's Implementation Plans, Universal Screening Report Recommendations, Workforce Recommendations, Funding for the Children's System, and Outcomes and Indicators for the Children's System.

The Children's Board recognizes the work accomplished to lay the groundwork for the Children's System but is cognizant that gaps continue to exist in the System that require further action to build a holistic Children's System. As part of its work to review results and indicators for the Children's System, the Children's Board has identified priorities within the next year for decision-makers as Iowa continues to build its Children's System.

Priorities Identified For Decision-makers

The Children's Board identifies the following priorities within the next year for decision-makers as Iowa continues to build its Children's System:

- Ensure stable and adequate funding of the Children's System.
- Continue service growth to all areas of the state including but not limited to core and core plus services.
- Address challenges impacting the behavioral health workforce including implementing strategies to enhance the current behavioral health workforce.
- Implement universal behavioral health screenings with informed consent by child's parent or guardian as identified in the 2019 Universal Screening Panel Report.
- Continue to develop and implement statewide data collection pertaining to children with a serious emotional disturbance (SED).
- Provide funding to eliminate the Children's Mental Health Waiver waitlist.
- Conduct statewide resource mapping for Children's services
- Explore and correct gaps in services which are currently hampering effective care including but not limited to crisis stabilization for youth with complex behavioral disorders

Children's Board Overview

The Children's Board was established in Iowa Code § 225C to oversee and guide the implementation and management of a Children's System for the provision of services to children with a serious emotional disturbance.

Children's Board Membership

Iowa Code § 225C requires members of the Children's Board to be individuals with lived experience and individuals with experience and knowledge about children's behavioral health services. The Children's Board membership includes Directors of State Departments and public members with the Directors of the Department of Education (DE) and Department of Human Services (DHS) serving as co-chairs. See Appendix A for membership list.

Children's Board Meetings

The Children's Board meets at least four times per year. Meeting agendas, minutes, and supporting materials were distributed to over 200 interested persons and organizations and made available to the public on the DHS website. The meetings are attended by an average of 50 public participants.

Activities Undertaken by the Children's Board

Current Events

During 2020, the Children's Board received many updates on current events impacting the children's system, including the COVID-19 pandemic. Due to these events, the following programs and actions have occurred within the state, impacting the children's system:

1. **COVID Recovery Iowa** – Iowa received Presidential Disaster Declaration for individual assistance. This was a 45--day FEMA grant providing virtual, confidential mental health outreach services including supportive crisis counseling, psycho-education, development of coping skills, and linkage to appropriate resources to residents of the state.
2. **CARES Act** – Iowa received $1.2 billion dollars as a relief bill. All 327 school districts applied for their portion of the funds totaling $71 million statewide to be spent to support schools. The CARES Act also provided $10 million to mental health providers, $10 million to substance use disorder providers, and $30 million to the MHDS Regions. As of the writing of this report, we do not know how much of this money will be going to Children's services.
3. **Medicaid Program Expansion** – Iowa Medicaid Enterprise (IME) is receiving federal dollars quarterly to support the enhancement of services being provided including the expansion of services being provided via telehealth to ensure individuals are still accessing critical behavioral health supports.
4. **Support to the Educational System** – The DE is working to provide more supported learning online, including support to schools regarding social

emotional behavioral health. The DE is also providing return to learn guidance but open to items that are important and not being addressed.

Updates from MHDS Regions

The MHDS Regions provided updates on their progress towards implementing requirements for the Children's System in November 2019, December 2019, and February 2020. In May 2020, the MHDS Regions provided a summary of their respective implementation plans. According to Iowa Acts Chapter 61, HF 690 (2019 Regular GA) each MHDS region (Region) shall submit to DHS an implementation plan to implement children's behavioral health services described in Iowa Code section 331.397A no later than April 1, 2020. Due to COVID-19, DHS asked Regions to submit a draft by April 1, 2020 and their final approved copy by May 1, 2020.
Please see Appendix B for summary of implementation.

Review of Screening Panel Report

Shanell Wagler, Iowa Department of Management ECI Administrator, and Marcus Johnson-Miller, Iowa Department of Public Health Bureau Chief of Family Health, as members of the Universal Screening Panel, reviewed the September, 2019 Universal Screening Panel Report. The Children's Board supports the implementation of the following:

1. Universal screening activities use existing programs of strength, supply strong communication tools, and activates care coordination functions of the Children's System;
2. Leverage the strength of the Iowa EPSDT (Early, Periodic, Screening, Diagnosis, and Treatment) program, 1st Five, Children's Health Insurance Program, and Department of Education activities including the use of the MTSS framework for supplying and broadcasting the message of social emotional behavioral health and well-being;
3. Public education about universal screening as a proactive strategy for maximizing healthy social emotional behavioral development and building family and community strength;
4. Provide screening with informed consent by a child's parent or guardian in the environments naturally engaging with families: healthcare and schools, as well as innovative strategies like placing healthcare clinics in or alongside schools, child care, early childhood programs;
5. Provide families, in various contexts, with resource navigators who serve to support, educate, and accompany families through the identification of need to intervention and resolution. Examples of resource navigators are found in 1st Five and Scott County;
6. Provide training for all screeners/practitioners and to use existing stakeholders and relationships (Systems of Care, AAP Iowa, EPSDT, Family Physicians, 1st Five, and the Department of Education including Areas Education Agencies) to ensure broad capacity, competence, and networks are developed;
7. Training includes specific training and support about choosing best screening tools for the various contexts in which screening will happen;
8. The State Board endorses the Practice Parameters and Suggested Matrix of Tools and institutes a robust periodic review of suggested tools;

9. A diligent analysis of barriers to universal screening including funding, payment, personnel, and referral network adequacy. Education and healthcare communities presently manage extraordinary expectations often with competing demands and limited time. Removal of impediments and creating efficiencies for these providers is strongly recommended. Additionally, equity across insurance types (and for the uninsured), in access to quality care, and of service and provider capacity is a significant concern and removal of these barriers will be necessary.

Update from Workforce Subcommittee

In December 2019, Beth Townsend, Iowa Workforce Development Director, and Flora Schmidt, Iowa Behavioral Health Association, reviewed the recommendations from the subcommittee. The subcommittee identified providers or individuals who come in contact with children who have mental health needs. The subcommittee identified barriers exhibited in the state impacting workforce and provided the following recommendations to address these barriers.

1. Leverage existing children's mental health providers to create a subject-matter expert network that could be accessed by primary care providers using existing technology and telehealth systems. Providers could be identified in each region who would be available for consultation for specific periods of times on a consistent basis. This includes providing funding for current providers to be able to take advantage of the network. Consider linking this resource with a requirement for provider training for all staff.
2. Provide registered apprenticeship training dollars specifically for programs that result in credentials for those who work with behavioral health issues of children (15(b) and (c) funds).
3. Help address provider shortages by offering more and better training to primary care providers, physician assistants and nurse practitioners who are front line providers to children with mental health issues to better equip them to help close the gap between need and existing providers. Include training on how to triage these cases to insure children get to the right help and/or providers as expeditiously as possible. This can be accomplished in a short period of time and provides credit towards continuing education requirements for providers.
4. Provide training to providers to better understand the unique challenges people and families experience when facing a mental health challenge including but not limited to social isolation, complex family dynamics and the unpredictability of illness. As an example, the NAMI Provider education program, a program that provides a 15-hour staff development program for health care professionals who work directly with people needing mental health first aid. Providers are offered tools they need to combine the medical and recovery models of care so they can better serve their patients. It is designed to help enhance the relationships they have with both patients and the family. More extensive training for primary care providers in this area would help alleviate the high demand Iowa has for existing practitioners as well as reduce the number of referrals to psychiatrists because many of the issues requiring a referral could be addressed instead by the primary care provider.

5. Expand the First Five program that encourages primary care providers to evaluate and screen families for social determinants of health well-being including financial issues, emotional well-being, housing, and food security as examples. First Five could provide information and referrals to groups that provide assistance in the identified area of need. This would help stabilize families experiencing significant issues sooner.

Funding for the Children's System

In December 2019 and February 2020, the Children's Board heard from Kelly Garcia, Director of DHS, Theresa Armstrong, Bureau Chief of MHDS Community Services, and Marissa Eyanson, Bureau Chief of IME regarding funding for the Children's System. Theresa discussed sources of funding for the Children's System and broke down requirements for what services are required to be funded. Theresa also discussed MHDS Region Levy Caps. The Children's Board and Regional CEOs had multiple discussions regarding the financial deficits the Regions anticipate with the current funding structure.

DHS provided the Children's Board with a comparison of CPT codes between states, highlighting that many services are not comparable across state lines causing discrepancies between rates. DHS provided explanation on how Medicaid rates are determined in Iowa and shared which rates were being reviewed by IME pertaining to children's behavioral health services. The Board had a thorough discussion on how they wanted to move forward with this information and where they want Iowa to be as a state when compared to others. The Board requested that the CPT codes related to children's services be reviewed. The Board understands that changing reimbursement rates takes a few years to complete and there are many barriers to consider when reviewing rates such as workforce.

In November, Marissa Eyanson, Division Administrator of MHDS Community Services, reviewed Psychiatric Medical Institutes for Children (PMIC) reimbursement rates. The IME provider cost audit unit conducted a cost study starting in January 2020 based on the submission of PMIC cost data from FY19 for all eight PMICs. This study was conducted in accordance with the American Institute of Certified Public Accountants statements on standards and out of station engagements. Based on the information gathered, the Provider Cost Unit produced a number of options presented to PMIC providers who concluded with the preference to the two following options:

1. A one-time increase in PMIC rates by increasing each provider's rate equal to the combined statewide average across PMICs. This would increase the average reimbursement rate from $213.14 to $263.08, a 25.6% increase. This also would represent an approximate need of $10M investment of total funds with $4M being state funds.
2. An ongoing PMIC rate change by requiring PMICs to submit annual cost reports in order to calculate a prospect rate based on an actual cost. This would allow for a maximum of a 110% annual rate increase.

The Children's Board applauds current efforts being made to fund children's services but recognizes the need for continued efforts to ensure stable and thorough funding of currently mandated services.

Presentations

Throughout the past year, the Children's Board heard the following additional presentations relating to the children's system:

1. **The Green Bandana Project -** Dana Malone, Teacher at Kennedy High School, facilitator for Green Bandana Project at Kennedy along with Hannah Anderson, Junior, Shefa'a Tawil, Junior, and Tawny Hess, Senior provided an overview of the project. Through partnership with Foundation 2, the Green Bandana Project started at University of Wisconsin Madison with the goal to spread awareness of resources for those with mental health struggles. Students are trained in crisis management and awareness and are given a green bandana to tie on their backpack to alert other students they are a safe person to talk to for mental health resources.
2. **Early Childhood Iowa** – Janet Horras, State Home Visitation Director from the Iowa Department of Public Health (IDPH) led her presentation on Social-Emotional Health in a Home Visiting Program. Janet discussed how home visiting improves maternal and child health as well as promotes child development. Home visiting is available in all 99 counties.
3. **Classroom Clinic –** Sue Gehling, owner and founder of Classroom Clinic led her presentation on how her business provides behavioral health services via telehealth to rural schools. While establishing rapport with school districts, school staff provide a confidential secure space for telehealth services to be provided. Sue reported how this format is expanding access to many children who would have struggled to receive these services.
4. **Children's Mental Health in Law Enforcement –** Andrew Allen YSS CEO, David Hicks, YSS, and Marshalltown Police Chief Mike Tupper of MPACT and Marion County Sheriff Jason Sandholdt led the Children's Board through a conversation on children's mental health and law enforcement including what concerns and obstacles currently exist. Andrew, David and Chief Tupper presented on MPACT, a program currently in development to embed mental health professionals into the Marshalltown Police Department to help address the concerns and obstacles discussed.
5. **Sequential Intercept Model (SIM) –** Dr. Derek Hess, Clinical Director with DHS MHDS Facilities, provided the Board an overview and led discussion of SIM. SIM is a model that details how people with mental illness and substance use disorders come into contact with law enforcement and move through the justice system. SIM assists in identifying service system gaps and needed services by using multiple levels of intervention in community services and community corrections to divert individuals from the justice system and increase access to treatment.

Outcomes and Indicators for the Children's Behavioral Health System

The Children's Board metrics and outcomes subcommittee provided updates to the Board throughout the year. The subcommittee has identified five outcomes and ten metrics to begin the framework of data collection for the Children's System. The proposed outcomes are:

1. All children receive a behavioral health screening
2. All children are free of impairment from un-addressed behavioral health concerns of issues
3. All children have access to a gold standard of care
4. All children have a support system
5. Children with complex behavioral health needs will live safe, healthy, successful lives.

The proposed metrics are:

1. Increase in access to comprehensive, coordinated treatment and supports
2. Increase in number of people who know how to access services
3. Decrease in youth suicide ideation, attempts, and completions
4. Increase in number of children who have timely access to appropriate, culturally responsive local behavioral health services with quality providers
5. Increase in number of crisis intervention services that are not law enforcement
6. Increase in number of behavioral health services and supports in schools
7. Increase in number of children who have insurance with adequate coverage
8. Increase in number of children receiving behavioral health screenings
9. Increase in family engagement and involvement during treatment and post-discharge
10. Decrease in contact with law enforcement and juvenile court

The outcomes and metrics subcommittee has begun identifying how these metrics will be measured and where current data exists. The subcommittee recognizes the extensive resources that are needed to ensure adequate data collection of the children's system occurs while identifying a current lack of resources to do so. Please see Appendix C for the metrics and outcomes spreadsheet.

The Board recognizes further data collection is required to identify gaps in the system.

Summary

The Children's Board acknowledges the accomplishments and dedication of Governor Reynolds, Legislature, and key stakeholders for their contributions and commitment to the development of a system with adequate resources to support the behavioral health needs of Iowa's children and their families in order to live healthy, productive, and full lives.

This report is respectfully submitted on behalf of the members of the Children's Behavioral Health System State Board.

Appendix A: Children's Board Membership List 2019 – 2020

MEMBER CITY (COUNTY) EMAIL ADDRESS	TERM SERVING	REPRESENTS
Andrew Allen Huxley (Story) aallen@yss.org	1st Term 7/11/19 to 4/30/22	Child Welfare Provider (President and CEO of YSS)
Darci Alt Redfield (Dallas) darci.alt@dallascountyiowa.gov	1st Term 7/11/19 to 4/30/21	Mental Health and Disability Services Region Chief Executive Officer (CEO, Heart of Iowa Region)
Nalo Johnson (Polk) nalo.johnson@idph.iowa.gov	Standing	Iowa Department of Public Health (Director of Health Promotion & Chronic Disease Prevention)
Melanie Cleveringa Sioux Center (Sioux) melanie.cleveringa@scwarriors.org	1st Term 7/11/19 to 4/30/21	School District Educator, Counselor, or Administrator (Educator, Sioux Center Community Schools)
Dan Cox Sioux City (Woodbury) dcox@nwaea.org	1st Term 7/11/19 to 4/30/23	Area Education Agency Administrator (Northwest AEA)
Kelly Garcia (Co-Chair) (Polk) kgarcia@dhs.state.ia.us	Standing	Department of Human Services (Director)
Scott Hobart Davenport (Scott) scott.hobart@iowacourts.gov	1st Term 7/11/19 to 4/30/21	Iowa State Court Administrator (Chief Juvenile Court Officer)
Peggy Huppert Johnston (Polk) peggyhuppert@gmail.com	1st Term 7/11/19 to 4/30/22	Children's Mental Health Advocacy Organization (Executive Director, NAMI Iowa)
Carol Meade Newhall (Benton) carol.meade@unitypoint.org	1st Term 7/11/19 to 4/30/21	Health Care System Representative (Director of Behavioral Health Services, St. Luke's)
Mary Neubauer Clive (Dallas) mneubauer@mchsi.com	1st Term 7/11/19 to 4/30/23	Parent or Guardian of a Child with Serious Emotional Disturbance (Parent Advocate)
Dr. Nathan Noble Clive (Dallas) nathan.noble@unitypoint.org	1st Term 7/11/19 to 4/30/22	Pediatrician (UnityPoint Health Des Moines)
John Parmeter Des Moines (Polk) parmeter@msn.com	Standing	Iowa Mental Health and Disability Services Commission (Chair)
Okpara Rice Marion (Linn) okpararice@gmail.com	1st Term 7/11/19 to 4/30/23	Child Mental Health Provider (CEO, Tanager Place)
Jason Sandholdt Knoxville (Marion) jsandholdt@co.marion.ia.us	1st Term 7/11/19 to 4/30/22	County Sheriff (Marion County Sheriff)
Beth Townsend Granger (Polk) beth.townsend@iwd.iowa.gov	Standing	Department of Iowa Workforce Development (Director)

Shanell Wagler Panora (Guthrie) shanell.wagler@iowa.gov	1st Term 7/11/19 to 4/30/23	Early Childhood Iowa (Administrator)
Ann Lebo (Co-Chair) (Polk) ann.lebo@iowa.gov	Standing	Department of Education (Director)
Senator Jeff Edler State Center (Marshall) jeff.edler@legis.iowa.gov	1st Term 7/25/19 to 1/10/21	Senate Majority Leader (non-voting)
Rep. Shannon Lundgren Peosta (Dubuque) shannon.lundgren@legis.iowa.gov	1st Term 8/15/19 to 1/10/21	Speaker of the House (non-voting)
Senator Liz Mathis Hiawatha (Linn) liz.mathis@legis.iowa.gov	1st Term 7/01/19 to 1/10/21	Senate Minority Leader (non-voting)
Rep. Timi Brown-Powers Waterloo (Black Hawk) timi.brown-powers@legis.iowa.gov	1st Term 8/15/19 to 1/10/21	House Minority Leader (non-voting)

Appendix B: MHDS Region Children's Implementation Plans Summary

	Advisory Committee		**Governing Board**		**28E Agreements**	**Children's Coordinator**	**Policy & Procedure Amendments**
	Appointments made	Meetings commenced	Children's designations	Met w/ new members	Amendments made	Hired/ Appointed	Submitted
CICS	Y	Y	Y	Y	Y	Y	Y
CROSS	Y	Y	Y	Y	Y	Y	Y
CSS	Y	Y	Y	Y	N – in process	N – interim in place	Y
Eastern Iowa	N – in Dec.	N	N – in Dec.	N	Y	Y	Y
HICS	Y	Y	Y	N – in Nov	N – in process	Y	N – in Dec.
MHDS-ECR	Y	Y	Y	Y	Y	Y	Y
NWIACC	Y	Y	Y	Y	Y	Y	Y
Polk	Y	Y	Y	Y	N/A (has bylaws)	Y	Y
RHCS	Y	Y	Y	Y	N/A	Y	Y
Sioux Rivers	Y	Y	Y	Y	Y	Y	Y
SCBH	Y	Y	Y	Y	Y	Y	Y
SEIL	Y	Y	Y	Y	Y	Y	Y
Southern Hills	N	N	N	N	N	Y	N
SWIA	Y	Y	Y	Y	N	Y	Y

*As of 11/10/2020, current status of Implementation of Plans (Y = activity completed).

Regional Children's Behavioral Health Advisory Committee Development

The governing board shall have a regional children's behavioral health advisory committee consisting of parents of children who utilize services or actively involved relatives of such children, a member of the education system, an early childhood advocate, a child welfare advocate, a children's behavioral health service provider, a member of the juvenile court, a pediatrician, a child care provider, a local law enforcement representative, and regional governing board members.

Regional Governing Board Changes

Regional governing board memberships must be changed to add the new members required in Iowa Code 331.390 and Iowa Administrative Code 441-25.12(1).
The regional children's behavioral health services advisory committee is responsible for designating the following members:

- One parent of a child who uses services or actively involved relative (voting member);
- One representative from the education system in the region (voting member);

- One children's behavioral health service provider in the region (ex officio member);

The regional adult MHDS services advisory committee is responsible for designating the following members:

- One adult person who utilizes MHDS services or an actively involved relative (voting member)
- One adult service provider in the region (ex officio member)

Regional 28E Agreement Amendments

Regional governance agreements required by Iowa Code 331.392 need to be amended to include the new children's behavioral health system expectations identified in Iowa Administrative Code 441-25.14. Specific areas to be amended include but are not limited to:

- A statement of purpose, goals and objectives that include children's behavioral health services.
- Identification of governing board membership as required in Iowa Code 331.390 and Iowa Administrative Code 441-25.12(1) a. & b.
- Provision for formation and assigned responsibilities for one or more regional advisory committees for children's behavioral health services as required in Iowa Code 331.390 and Iowa Administrative Code 441-25.12(1)d.
- The addition of staff that includes one or more coordinators of children's behavioral health services.

Regional Staff Changes

Regions must add staff that include one or more coordinators of children's behavioral health services.

Regional Policy and Procedures Amendments

Regions must amend their policies and procedures to include the new children's behavioral health services. Areas that need to be changed include but are not limited to:

- The application and enrollment procedures including diagnostic and financial eligibility (including copayments) for children requesting behavioral health services.
- Changes in the information technology and data management system to incorporate children.
- The addition of "education" to performance and outcome measures for targeted case management and service coordination services.
- Review of the regional waiting list policy and update if needed.

Appendix C: Identified Metrics and Outcomes for the Children's System*

	Outcome	Suggested Metric(s)
1	Outcome 5: Children with complex behavioral health needs will live safe, healthy, successful lives.	5.4 Increase in access to comprehensive, coordinated treatment and supports
2	Outcome 4: All children have a support system.	4.6 Increase in number of people who know how to access services
3	Outcome 4: All children have a support system.	4.7 Decrease in youth suicide ideation, attempts, and completions
4	Outcome 3: All children have access to a gold standard of care.	3.2 Increase in number of children who have timely access to appropriate, culturally responsive local behavioral health services with quality providers
5	Outcome 4: All children have a support system.	4.2 Increase in number of crisis intervention services that are not law enforcement
6	Outcome 4: All children have a support system.	4.3 Increase in number of behavioral health services and supports in schools
7	Outcome 3: All children have access to a gold standard of care.	3.1 Increase in number of children who have insurance with adequate coverage
8	Outcome 1: All children receive a behavioral health screening.	1.1. Deferred until screening panel has completed their report
9	Outcome 4: All children have a support system.	4.5 Increase in family engagement and involvement during treatment and post-discharge
10	Outcome 5: Children with complex behavioral health needs will live safe, healthy, successful lives.	5.5 Decrease in contact with law enforcement and juvenile court

*Subject to change

Appendix D: Children's Behavioral Health System State Board Meeting Topics Workplan*

Long-Term Clinical Case Management	- Discuss who will ensure children receive "appropriate" services that meet needs. Including: type, amount, location of services optimally effective & efficient
Alternative Service Delivery	- Discuss the use of telemedicine, mid-level practitioners, psychiatric support for to extend mental health treatment across Iowa
Mental Health Training	- Discuss training needs for healthcare professionals and others working in the children's system
Education Department/ Area Education Agency	- Addressing mental health needs in schools, YMHFA training and collaborating stakeholders
Child Welfare, Juvenile Justice, Education	- Discuss gaps between these entities and how to foster collaboration between them
Project LAUNCH	- Project overview and discuss how grant funds will support mental health services for children
Families First	- Provide summary of program components
Crisis Services	- Examine what crisis services are being provided in Regions
Parent Panel	- Hear parent experiences of working with children's system
Core Services	- Examine gaps in core services and ways to fill those gaps
Pandemic Impact	- Open discussion on how pandemic has impacted children's behavioral health and how to move forward
BH Needs in Schools	- Discuss children's special and behavioral health needs in schools

*Subject to change